

FORM D **NBRC CREDENTIALS VERIFICATION REQUEST FORM**

Complete the information below and submit this form along with the required \$3 fee for active members and \$15 fee for inactive members.

Send to: **NATIONAL BOARD FOR RESPIRATORY CARE**
 18000 W. 105th Street
 Olathe, KS 66061-7543
 1-913-895-4900

I am applying for state licensure in Georgia and request the NBRC to verify my respiratory therapy credentials directly to:

Georgia Composite Medical Board
Attn: Respiratory Care Professional Department
2 Peachtree Street N.W., 36th Floor
Atlanta, GA 30303

I hold the following NBRC credentials:

- RRT CPFT Perinatal/Pediatric Specialist
 CRT RPFT

PRINT NAME UNDER WHICH YOU WERE CREDENTIALED:

Last _____ First _____ Middle _____ Former _____

Social Security Number _____

PRINT FULL NAME AND CURRENT ADDRESS:

Last _____ First _____ Middle _____ Former _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____

Signature: _____ Date _____